

The Commonwealth of Massachusetts
Department of Public Safety

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Record Request Form

The Department of Public Safety ("Department") requests that all record requests be in writing. Please provide the following information:

Name and contact information of requester:	Address where records should be sent:
Name: _____	Address: _____
Company: _____	City/Town: _____
Phone: _____	Zip: _____
Fax: _____	E-Mail: _____
E-Mail: _____	Fax: _____
Requested documents (please be specific and use back of form if needed):	

